



Attorney's Docket No. 011900-309

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#14
Response
Patent
7/10/03

| | |
|------------------------------------|--------------------------|
| In re Patent Application of |) MAIL STOP AF |
| Yoshikatsu KODAMA et al. |) |
| Application Serial No.: 09/833,637 |) |
| Filed: April 13, 2001 |) Group Art Unit: 1653 |
| For: GLYCOPROTEIN HAVING |) |
| INHIBITORY ACTIVITY AGAINST |) Examiner: Chih Min Kam |
| HELICOBACTER PYLORI |) |
| COLONIZATION |) Confirmation No.: 3072 |

REPLY AFTER FINAL REJECTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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JUL 07 2003
TECH CENTER 1600/2900

Sir:

In response to the Official Action dated April 2, 2003, Applicants offer the following reply.



AF
1653

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| COLONIZATION |) | |

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REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a Reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☐ Also enclosed is/are _____.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | |
|--|---------------|---|--------------|--------------------|-----------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADD'L FEE |
| Total Claims | 15 | MINUS 20 = | 0 | × \$18.00 (1202) = | -0- |
| Independent Claims | 3 | MINUS 3 = | 0 | × \$84.00 (1201) = | -0- |
| If Amendment adds multiple dependent claims, add \$280.00 (1203) | | | | | |
| Total Amendment Fee | | | | | -0- |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | -0- |

☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: July 2, 2003

By: _____

Susan M. Dadio
Registration No. 40,373

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